

**ADULT DAY CARE  
FINGERPRINT APPLICANT INFORMATION  
& CRIMINAL/JUVENILE HISTORY DISCLOSURE FORM**

**Note to Applicant:** Failure to answer all the questions may delay your application. Call the Cogent Systems Call Center at 1-800-964-7690 or log on to <http://www.tnprints.com> to pay for your criminal/juvenile history check, and then call 1-877-862-2425 or log on to <http://www.tennessee.cogentid.com> to register – be prepared to provide the information on this form to the Call Center or online when you register. You must bring a valid state or federal photo ID (drivers license, passport, military ID) and this Disclosure Form to your fingerprint appointment. The fingerprint technician must sign this form after you have submitted your fingerprint sample, and you must return the signed Disclosure Form to the provider.

**DHS ORI #: TN DHS 000Z  
TRANSACTION TYPE - DT**

Name of Agency:

Full Provider ID (FEIN) # (including extension / suffix):

A	D	U	L	T															
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Street Address of Agency:

**Start Date & Position Verification** (information in this box to be completed by the agency director):

Will the duties of the person identified in Part 1 include driving for the agency? Yes ☐ No ☐

**Prospective Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Position:** \_\_\_\_\_

I acknowledge that the law requires a fingerprint application to be submitted for this individual and attest that the information within this box is accurate.

\_\_\_\_\_  
**Agency Director Signature**

\_\_\_\_\_  
**Date**

**Fingerprint Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 1 Applicant Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_

Please list any other names you have ever used, including maiden names: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

List work history for the last five (5) years. If you need more space, use a separate sheet of paper.

Employer Name	From	To	Your Position

**Continued On Back Side**

**Part 2 Information for Criminal/Juvenile Records Search:**

Name	Height	Weight	SSN

**Circle Codes That Apply**

<i>Hair Color</i>		<i>Eye Color</i>		<i>Race</i>		<i>Sex</i>	
Bald	BAL	Black	BLK	White	W	Male	M
Black	BLK	Blue	BLU	Black	B	Female	F
Blond/Strawberry	BLN	Brown	BRO	Asian/Pacific Isl	A		
Brown	BRO	Gray	GRY	Am. Indian/Alaskan	I		
Gray/Part Gray	GRY	Green	GRN	Hispanic	H		
Red/Auburn	RED	Hazel	HAZ				
Sandy	SDY	Maroon	MAR				
White	WHI	Pink	PNK				

**Part 3 Additional Questions:**

**The penalty for falsification of the information required on this form is criminal prosecution and can result in a jail sentence of up to eleven (11) months and twenty-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), or both.** Employment with the agency depends upon the outcome of the criminal/juvenile history check and the abuse registry check. This means that if a criminal or juvenile history review determines that you have been convicted, or have pled guilty or no contest to certain crimes, or a juvenile court has found that you committed an offense that would be a crime if you were an adult, or there are pending criminal or juvenile charges, or you are indicated on the abuse registry, you will not be able to be employed in the agency.

**You must answer the following questions even if your records, including juvenile records, were sealed or otherwise cleared or if anyone, including a judge, law enforcement, or attorney, told you that you no longer have a record.**

Have you **EVER**:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Been arrested, cited, or detained by any law enforcement officer (including military officers)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Been charged with committing any crime or offense as a juvenile or adult?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Been convicted/found to have committed, pled guilty or pled no contest to any crime or juvenile offense?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Been placed in an alternative sentencing or rehabilitative program as a juvenile or adult (For example: diversion, deferred prosecution, withheld adjudication)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Received a suspended sentence, been placed on probation, or been paroled?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Been in Jail, Prison, or Juvenile or Youth Detention Facility?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Been charged with DUI or DWI?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Been included on an abuse registry or sex offender registry?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Been charged with violation of an order of protection?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If you answered "YES" to any of questions 1 through 9, you must complete the following table: (if you need more space, use a separate sheet)**

Why were you arrested, cited, or charged	Date	Location	Outcome or disposition

I certify, under penalty of law, that the information I have provided is complete and accurate. I authorize the release of any adult criminal or juvenile offense or any abuse registry records, or any information in the records, and any disclosures made in this form, to the agency at which I will be employed and to the Department of Human Services and any person or entity it may designate to assist in the review of my criminal/juvenile or abuse registry history.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Fingerprint Technician Signature (or initials) \_\_\_\_\_ Date \_\_\_\_\_